I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: ALBREN BOWERS

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	TREASURER	Title	Р
Name	KALACH, JIM	Name	BOWERS, ALBREN
Address	P.O. BOX 342069	Address	P.O. BOX 342069
City-State-Zip:	TAMPA FL 33694	City-State-Zip:	TAMPA FL 33694
Title	SECRETARY	Title	DIRECTOR
Title Name	SECRETARY HARDESTY, JOANN	Title Name	DIRECTOR WILEY, BRIAN J
Name	HARDESTY, JOANN	Name	WILEY, BRIAN J

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Certificate of Status Desired: No

ASSOCIATION, INC. **Current Principal Place of Business:**

Entity Name: COVINGTON AT CROSS CREEK HOMEOWNERS

16609 ROUND OAK DRIVE TAMPA, FL 33618

Current Mailing Address:

P.O. BOX 342069 TAMPA, FL 33694

Name and Address of Current Registered Agent:

APPLETON, ERIC N ESQ 501 E KENNEDY BLVD.

TAMPA, FL 33602-5330 US

SUITE 802

FEI Number: 59-3598248

SIGNATURE: ERIC N. APPLETON, ESQ.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N9800002039

FILED Jan 26, 2022 Secretary of State 6790514067CC

01/26/2022 Date